

Workforce Development Workgroup

Michigan Long-Term Care Supports and Services Commission

Meeting Notes

September 25, 2007

Attendees:

1. Welcome, Introductions, and Review of Agenda

Attendees introduced themselves and shared a funny story or event.

Good News!! OSA has received two grants recently. The first is a \$250,000 grant to address abuse in older women, including domestic violence and elder abuse. The second grant is for \$782, 564 and was awarded to OSA and three area aging agencies: AAA1B, Grand Rapids Office on Aging, and the Tri-County Office on Aging. The grant is for the development of nursing home diversion programs.

Good News!! Part II NW MI Healthcare Workforce Alliance received a \$500,00 grant from US DOL to develop career pathways in healthcare and long-term care. The plan is to create a multidisciplinary direct care worker-training program that would prepare DCWs across the LTC array to progress through many of the jobs associated with healthcare. This will involve the community-based CNA program that RSA has already established, as well as bringing in the COALA training program that has been very successful in Cincinnati, OH. NW MI has also been awarded an expansion grant for their RSA. Jean Peters has been hired as the full time staff director in the NW MI Council of Government (COG) for these projects.

2. Review of minutes: accepted without any revisions.

3. Reports from Workforce Ambassadors

- Tameshia Bridges attended the **Finance Workgroup** meeting. The meeting focused on two areas
 - a. The issue of estate recovery in MI. Michigan is the only state to not have an “estate recovery” program. Federal law requires states to go after the assets of any deceased individual who used nursing home services or MI Choice waiver services. The federal government has set a deadline for Michigan to enact estate recovery laws or else the state risks losing the federal match for Medicaid (about \$0.56 of every dollar spent on Medicaid) resulting in a loss of billions of dollars. Legislation has now passed the Legislature and will be implemented. Estate recovery programs can be very simple or can become complex, depending on the view that particular state takes. There have been mixed results in the other states as to how much money is raised through the estate recovery program.
 - b. Discussion about the money for the Money Follows the Person initiative in MI. The state is currently in the planning stages of this initiative and is looking into how to place long term care services and supports into a managed care structure. In such an event, a company would be paid a designated rate to provide services to individuals needing long-term care, wherever services and supports are delivered. The Office of LTC Supports and Services in DCH has been awarded this grant, but they are still in the planning stages of these efforts. The next finance workgroup meeting has been set, but we are unsure of the date.
- Trisha Harney attended the **Consumer Participation & Education workgroup** meeting. They had a good first meeting, in which they explored the demographics of the group and

reviewed the charges. For the next meeting the plan is to assemble the group demographics and ensure the members are on the same page in understanding their charge and responsibilities. The next meeting is set for October 18th. They are still looking for more members with communications and PR experience!

We are still looking for ambassadors for the other groups. If any one is interested, let us know!!

4. Prioritization of issues from the recommendations: Here are the items that were mentioned as priorities from the last meeting:

- #1 **Healthcare coverage for healthcare workers-Recommendation #9.** Tameshia is the lead for PHI on this initiative. She has created a handout that identifies four opportunities to improve healthcare coverage for healthcare workers.
- a. **Mi First Healthcare Plan:** This initiative, proposed by Gov. Granholm, would expand coverage for 500,000 uninsured individuals. It is estimated that approximately 30,000 direct care workers would become eligible for coverage. The premiums would be income based, would include adults with income up to 200% of the Federal Poverty Level, would be available to those who do not have access to or are ineligible for employer-sponsored coverage, and would include preventative and inpatient hospital care with an annual cap between \$35,000- 50,000. *This seems to be the strongest plan of all the opportunities.*
 - b. **Third Share Plans:** This is a county-based plan, which provides healthcare coverage to small businesses that is less expensive than private insurance. It is currently available in 7 Michigan counties. The premium costs are split between the employer, the employee, and the county at a third of the costs to each. Premiums range from \$46/month to \$76/month, and the coverage is fairly comprehensive. More attention needs to be drawn to these plans; especially to long-term care providers who often do not know these plans are available. There is also a need for expanded support and advertisement of the plans.
 - c. **State Children's Health Insurance Plan/MICHild:** While MICHild currently offers coverage only to children of families with incomes between 150-200% FPL, Michigan could follow the lead of several other states and expand this coverage to low-income parents. This plan is dependent on the outcome of both the state budget and the SCHIP reauthorization at the Federal level. *While this plan does not offer as much coverage as the Mi First Healthcare Plan, it is a good backup plan for MI First.*
 - d. **Health Insurance Wage Enhancement:** This initiative is based on a voluntary pilot project in Montana in which an enhanced rate will be provided to Medicaid-funded home care providers to provide health insurance coverage to their direct-care and nursing staff. This was a 2-year endeavor, led largely by an employer and DCWs. Since this program is tied to Medicaid funding, the enhanced rate paid to providers received a federal match. It is a voluntary approach; providers are not required to offer health insurance. For those who offer affordable, comprehensive coverage, their Medicaid rate is enhanced. For this to be a possibility in Michigan, we need to know the data on the number of workers, in all types of facilities and care environments. This would require a lot of movement and support for different entities. It is seen as a longer-term goal for our state at this time.

- #2 **CNA Curriculum—Recommendation 5, 7, 9.1., and 10.** Michigan's Direct Care Workforce Initiative (MDCWI) completed their recommendations to enhance the curriculum and administration of the CNA training and registry program. Those recommendations and the process for state legislative activity have gained the support of the Mi County Medical Facility Care Council. Michigan Association of Homes and Services for the Aging (MAHSA), and Health Care Association of Michigan (HCAM) are still studying the recommendations; MDCWI still hopes to gain the support of those two organizations. This group will work on converting the recommendations to specific requests for legislation. .
- #3 **MI Works!—Recommendations 1, 2, 3** Want to review the procedures of these agencies in regards to promotion, recruitment, screening, and education, et al for careers in LTC, particularly DCWs. Also would like to work towards improving relations between employers and employees. This effort should build off the work currently going on within the LTC related RSAs and attempt to secure some uniformity of services to employers and job seekers across the state.
- #4 **LPN training—Recommendation 5, 6, and 10.** The Southeast Michigan Long Term Care RSA has a project addressing the need for increased LPN training and clinical placements in SE Michigan, that may have implications for the state. This lack of trained LPNs is a critical issue in Long Term Care, as LPNs are used throughout the continuum of long-term care. In addition, there are a large number of direct care workers who, for a variety reason, are not able to make the direct leap to an RN, but would be successful as a LPN and use that credential as a step to other occupations. The SE MI RSA has made some strides by creating recommendations for increasing LPN training, but they would like to see more momentum to push this further and build capacity in the state. The SE MI RSA is a meeting scheduled for 10/10/07 with a representative of the governor's office, DLEG staff, the chief nurse executive and members of this RSA to review their recommendations. This group is looking for the state to take more of a leadership role, as well as helping to expedite the decisions that need to be made and garnering greater support from hospitals in this training and clinical placement component. The RSA seeks a review of its recommendations and additional support to improve the training opportunities for LPN.

#5 **Data.** We need to improve the collection and use of data regarding long term care workforce. At this point we do not know how many people work in all of long-term care; which includes in-home care, unlicensed living centers, Adult Foster Care, homes for the aged, etc. Even with the certified agencies, it has been difficult to get accurate counts. North Carolina has a one-page form that is used to collect very basic statistics. This seems like it could be a good starting point for this group.

- ** It was suggested that this group be a vehicle to address transportation problems that seem to be a significant problem in long term care; both for care-givers and for clients. This may not necessarily fit into this group's mission, but it definitely needs to be prioritized somewhere. This topic will be placed on the agenda, so we can have a greater dialogue on it.

5. Next Steps

- For our next scheduled meeting, Tuesday October 30th, we are allowing the issue committees to use that time for their initial meetings, if the facilitator so desires. If an issue committee wants

to use the meeting space at TCOA, please let Hollis know ASAP.

- During the meeting, those attending selected which issue committee(s) they wanted to be part of. The following people volunteered or asked to be facilitator(s) of an issue committee.
 - *Healthcare—Tameshia*
 - *LPN training—Dave*
 - *CNA curriculum – Jules, Hollis, Lauren*
 - *Data—Rosemary, Hollis, Lauren*
 - *MWAs – Lynne, Jules, Laura*
- Please let Hollis or the issue committee facilitator know what group you want to be in.

Meeting Schedule

Next meeting: Wednesday, December 12, 2007

1:30-3:30pm

The previously announced meeting for October 30th is now open for the Issue committees to meet (in person or by phone) to organize their work.

Issue Committees and Membership

Workforce Development Workgroup MI LTCSS Advisory Commission

Health Care Coverage-Recommendation # 9

Tameshia Bridges*	Michelle Munson-McCorry	Tanya Padgett
Jacqueline Brookins	Tanya Haney	Anita Salustro
Laura McMurty		

Michigan Works Agencies—Recommendations # 1, #2, #3

Craig Nobbelin	Brenda Roberts	Michelle Munson-McCorry
Kathryn Tuck	Vicki Enright	Laura McMurtry
Dawn Sweeney	Lynn Zuellig	

Workforce Data—Recommendations # 4, #11

Craig Nobbelin	Lauren Swanson	MaryAnn Moore
Tricia Harney	Rosemary Ziemba	

Note from a member: In the context of larger data gathering for need forecasting methodology

CNA curriculum enhancement—Recommendations # 5, #7, #9.1, #10

Jules Isenberg-Wedel*	Jacqueline Brookins	Lauren Swanson
Dave Shevrin	Velma Najm	Fay Flowers
Tricia Harney		

LPN training programs—Recommendations #5, #6, #10

Dave Shevrin *	Michelle Munson-McCorry	Anita Caref
Fay Flowers	Dawn Sweeney	

“*” is the person I’ve asked to coordinate the issue committee. I’m looking for someone to do Workforce Data. I’ll help all the coordinators.

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